

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/049196	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51			
2			/				52			
3			/				53			
4			/				54			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			/				TOTAL IND.			
TOTAL DEP.			/				TOTAL DEP.			
TOTAL CLAIMS			/2				TOTAL CLAIMS			